

Application Data Sheet 37 CFR 1.76		Attorney Docket Number 2003.002 US CIP
		Application Number
Title of Invention	An Infectious bursal disease virus (IBDV) mutant expressing virus neutralizing epitopes specific for classic- and variant IBDV strains	
<p>The application data sheet is part of the provisional or nonprovisional application for which it is being submitted. The following form contains the bibliographic data arranged in a format specified by the United States Patent and Trademark Office as outlined in 37 CFR 1.76.</p> <p>This document may be completed electronically and submitted to the Office in electronic format using the Electronic Filing System (EFS) or the document may be printed and included in a paper filed application.</p>		

Secrecy Order 37 CFR 5.2

<input type="checkbox"/> Portions or all of the application associated with this Application Data Sheet may fall under a Secrecy Order pursuant to 37 CFR 5.2 (Paper filers only. Applications that fall under Secrecy Order may not be filed electronically.)
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Applicant Information:

Applicant 1				
Applicant Authority <input checked="" type="radio"/> Inventor		<input type="radio"/> Legal Representative under 35 U.S.C. 117		<input type="radio"/> Party of Interest under 35 U.S.C. 118
Prefix	Given Name	Middle Name	Family Name	Suffix
	Egbert		Mundt	
Residence Information (Select One) <input type="radio"/> US Residency <input checked="" type="radio"/> Non US Residency <input type="radio"/> Active US Military Service				
City	Millienhage	Country Of Residence	DE	
Citizenship under 37 CFR 1.41(b) <input type="radio"/> DE				
Mailing Address of Applicant:				
Address 1		Dorfstrasse 37		
Address 2				
City	Millienhage	State/Province		
Postal Code	D-18461	Country	DE	
Applicant 2				
Applicant Authority <input checked="" type="radio"/> Inventor		<input type="radio"/> Legal Representative under 35 U.S.C. 117		<input type="radio"/> Party of Interest under 35 U.S.C. 118
Prefix	Given Name	Middle Name	Family Name	Suffix
	Tobias		Letzel	
Residence Information (Select One) <input type="radio"/> US Residency <input checked="" type="radio"/> Non US Residency <input type="radio"/> Active US Military Service				
City	Eberswalde	Country Of Residence	DE	
Citizenship under 37 CFR 1.41(b) <input type="radio"/> DE				
Mailing Address of Applicant:				
Address 1		Poratzstrasse 49 A		
Address 2				
City	Eberswalde	State/Province		
Postal Code	D-47551	Country	DE	
Applicant 3				
Applicant Authority <input checked="" type="radio"/> Inventor		<input type="radio"/> Legal Representative under 35 U.S.C. 117		<input type="radio"/> Party of Interest under 35 U.S.C. 118
Prefix	Given Name	Middle Name	Family Name	Suffix
	Guntram		Paul	
Residence Information (Select One) <input type="radio"/> US Residency <input checked="" type="radio"/> Non US Residency <input type="radio"/> Active US Military Service				
City	Bedburg-Hau	Country Of Residence	DE	

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Citizenship under 37 CFR 1.41(b) i		DE	
Mailing Address of Applicant:			
Address 1		Osteratherstrasse 1a	
Address 2			
City	Cologne	State/Province	
Postal Code	D-50739	Country i	DE
Applicant 4			
Applicant Authority <input checked="" type="radio"/> Inventor		<input type="radio"/> Legal Representative under 35 U.S.C. 117	
		<input type="radio"/> Party of Interest under 35 U.S.C. 118	
Prefix	Given Name	Middle Name	Family Name
	Adriaan	Antonius Wilhelmus Maria	van Loon
Residence Information (Select One) <input type="radio"/> US Residency <input checked="" type="radio"/> Non US Residency <input type="radio"/> Active US Military Service			
City	Sambeek	Country Of Residence i	NL
Citizenship under 37 CFR 1.41(b) i		NL	
Mailing Address of Applicant:			
Address 1		Wim de Korverstraat 35	
Address 2			
City	Boxmeer	State/Province	
Postal Code	5831 AN	Country i	NL
All Inventors Must Be Listed - Additional Inventor Information blocks may be generated within this form by selecting the Add button.			
			<input type="button" value="Add"/>

Correspondence Information:

Enter either Customer Number or complete the Correspondence Information section below. For further information see 37 CFR 1.33(a).			
<input type="checkbox"/> An Address is being provided for the correspondence information of this application.			
Customer Number	31845		
Email Address		<input type="button" value="Add Email"/>	<input type="button" value="Remove Email"/>

Application Information:

Title of the Invention	An Infectious bursal disease virus (IBDV) mutant expressing virus neutralizing epitopes specific for classic- and variant IBDV strains		
Attorney Docket Number	2003.002 US CIP	Small Entity Status Claimed	<input type="checkbox"/>
Application Type	Nonprovisional		
Subject Matter	Utility		
Suggested Class (if any)		Sub Class (if any)	
Suggested Technology Center (if any)			
Total Number of Drawing Sheets (if any)	1	Suggested Figure for Publication (if any)	

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Publication Information:

<input type="checkbox"/>	Request Early Publication (Fee required at time of Request 37 CFR 1.219)
<p>Request Not to Publish. I hereby request that the attached application not be published under 35 U.S.C. 122(b) and certify that the invention disclosed in the attached application has not and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing.</p>	

Representative Information:

<p>Representative information should be provided for all practitioners having a power of attorney in the application. Providing this information in the Application Data Sheet does not constitute a power of attorney in the application (see 37 CFR 1.32). Enter either Customer Number or complete the Representative Name section below. If both sections are completed the Customer Number will be used for the Representative Information during processing.</p>			
Please Select One:	<input checked="" type="radio"/> Customer Number	<input type="radio"/> US Patent Practitioner	<input type="radio"/> Limited Recognition (37 CFR 11.9)
Customer Number	31846		

Domestic Benefit/National Stage Information:

<p>This section allows for the applicant to either claim benefit under 35 U.S.C. 119(e), 120, 121, or 365(c) or indicate National Stage entry from a PCT application. Providing this information in the application data sheet constitutes the specific reference required by 35 U.S.C. 119(e) or 120, and 37 CFR 1.78(a)(2) or CFR 1.78(a)(4), and need not otherwise be made part of the specification.</p>			
Prior Application Status		Remove	
Application Number	Continuity Type	Prior Application Number	Filing Date (YYYY-MM-DD)
<p>Additional Domestic Benefit/National Stage Data may be generated within this form by selecting the Add button.</p>			

Foreign Priority Information:

<p>This section allows for the applicant to claim benefit of foreign priority and to identify any prior foreign application for which priority is not claimed. Providing this information in the application data sheet constitutes the claim for priority as required by 35 U.S.C. 119(b) and 37 CFR 1.55(a).</p>			
		Remove	
Application Number	Country ⁱ	Parent Filing Date (YYYY-MM-DD)	Priority Claimed
03075842.9	EP	2003-03-24	<input checked="" type="radio"/> Yes <input type="radio"/> No
		Remove	
Application Number	Country ⁱ	Parent Filing Date (YYYY-MM-DD)	Priority Claimed
PCT/EP2003/01905	EP	2003-02-25	<input checked="" type="radio"/> Yes <input type="radio"/> No
		Remove	
Application Number	Country ⁱ	Parent Filing Date (YYYY-MM-DD)	Priority Claimed
02075881.9	EP	2002-03-01	<input checked="" type="radio"/> Yes <input type="radio"/> No

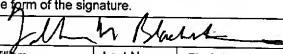
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Application Number	Country ⁱ	Parent Filing Date (YYYY-MM-DD)	Remove
02079827.8	EP	2002-11-21	Priority Claimed <input checked="" type="radio"/> Yes <input type="radio"/> No
Additional Foreign Priority Data may be generated within this form by selecting the Add button.			

Assignee Information:

Providing this information in the application data sheet does not substitute for compliance with any requirement of part 3 of Title 37 of the CFR to have an assignment recorded in the Office.			
Assignee 1			
If the Assignee is an Organization check here. <input checked="" type="checkbox"/>			
Organization Name	Intervet International B.V.		
Mailing Address Information:			
Address 1	Wim de Korverstraat 35		
Address 2			
City	Boxmeer	State/Province	
Country ⁱ	NL	Postal Code	5831 AN
Phone Number	011 31 485 58 5287	Fax Number	011 31 485 58 5284
Email Address			
Additional Assignee Data may be generated within this form by selecting the Add button.			

Signature:

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.			
Signature			Date (YYYY-MM-DD)
First Name	William	Last Name	Blackstone
			Registration Number
			29772

This collection of information is required by 37 CFR 1.76. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 23 minutes to complete, including gathering, preparing, and submitting the completed application data sheet form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.